

Name
in
Full

CERTIFICATE OF DEATH

David Raymond Alexander

Town

County

MARYLAND

Died

Mar Blue Ball

Beril

Date

of death 1909

Month

Mar.

Day

29

Age

12

Years

Months

11

Days

3

Sex

Male

Color or
Race

Black.

Birth-
place

Near Calvert Md.

Occupation

No.

Where Residing if not
at place of death

Near Blue Ball

Married, Single
or Widowed

Single

Name of Wife or
Husband

No.

Father's
Name

Arthur Alexander

Father's
Birthplace

Beril W. Md.

Mother's
Maiden Name

Mary Smith

Mother's
Birthplace

Del.

Name of person giving
Information

Jm Alexander

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Tuberculosis of the Lungs

How long

About 2 yrs. + 6 mos.

Immediate

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

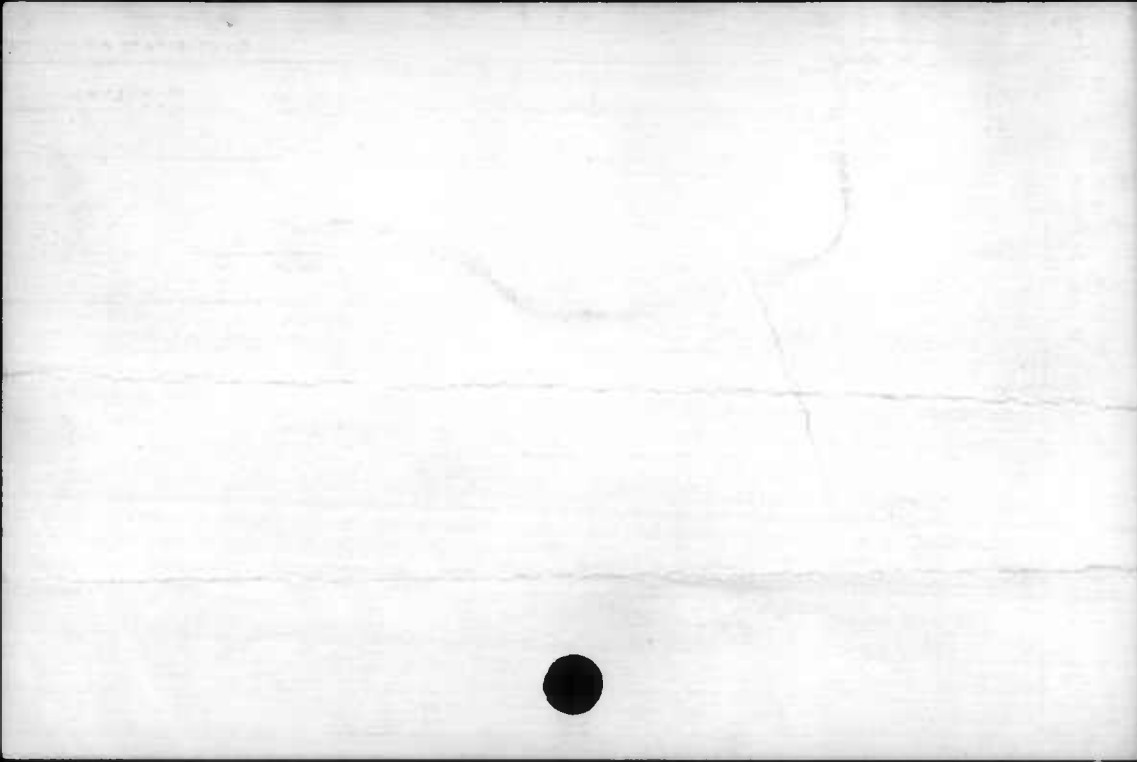
Chas. F. Miller,

Address

North East, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Elkton</i> <small>Town</small>		<i>Cecil</i> <small>County</small>	
		Date of death <i>1909 March 10</i> <small>Month Day</small>		<i>2</i> <small>Years</small>	
		<i>Male</i> <small>Sex</small>		<i>White</i> <small>Color or Race</small>	
		<i>—</i> <small>Occupation</small>		<i>—</i> <small>Where Residing if not at place of death</small>	
		<i>—</i> <small>Married, Single or Widowed</small>		<i>—</i> <small>Name of Wife or Husband</small>	
		<i>Charles B. Armstrong</i> <small>Father's Name</small>		<i>Maryland</i> <small>Father's Birthplace</small>	
		<i>Carrie W. Goodnow</i> <small>Mother's Maiden Name</small>		<i>Maryland</i> <small>Mother's Birthplace</small>	
<i>Margaret E. Goodnow</i> <small>Name of person giving information</small>		<i>Grand mother</i> <small>How related to deceased</small>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		<i>Catarhal Pneumonia</i> <small>Primary</small>		<i>12 days</i> <small>How long</small>	
		<i>meningitis</i> <small>Immediate</small>		<i>2 days</i> <small>How long</small>	
		<i>Yes</i> <small>Are the name, age, sex, color, date and place correctly given above?</small>		<i>H. Arthur Mitchell</i> <small>Signature of Physician</small>	
		<i>Elkton Md.</i> <small>Address</small>			
<i>—</i> <small>Resident or Suicide?</small>					

b66



Name
in
Full

Iva Sophia Beamer

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Maryville

Cecil

Date

of death

1909 March 24

Age

Years

Months

Days

22

Sex

Female

Color or
Race

white

Birth-
place

Maryville

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HuabandFather's
Name

Mervin Beamer

Father's
Birthplace

Pa.

Mother's
Maiden Nema

Jane Baldwin

Mother's
Birthplace

Pa.

Name of person giving
Information

Mervin Beamer

How related
to deceased

Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

B. H. Beamer
Merrill Road

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Bay View

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Willie A. Bruston

Town *Chesapeake City* County *Cecil* MARYLAND

Died at *Chesapeake City*

Date of death *1909* Month *March* Day *25* Age *96* Years Months *7* Days *25*

Sex *Female* Color or Race *white* Birth-place *East Newt*

Occupation *HM* Where Residing if not at place of death *Chesapeake City*

Married, Single or Widowed *married* Name of Wife or Husband *W. M. Bruston*

Father's Name *Augustine Stamp* Father's Birthplace *Cecil Co Md*

Mother's Maiden Name *Sarah Foster* Mother's Birthplace *East Newt Md*

Name of person giving Information *Mrs Joseph George* How related to deceased *Daughter*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *General Debility* How long *one year*

Immediate *Exhaustion* How long *two hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. J. Carey* Address *Chesapeake City Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Wesley Brown

Died at *Ellettsville* Town *Greene* County

Date of death *1909* Month *March* Day *25* Age *43* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Rag Merchant* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Annie Hughes* How related to deceased *None*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *two years*

Immediate *Exhaustion* How long *two weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm D. Lawley*

Address *Ellettsville Ind.*

Accident or Suicide? *—*

230

Name
in
Full

Nm Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Rising Sun Town Cecil County MARYLAND

Date of death 1909 Month Mar Day 22 Age 70 Months Days

Sex Male Color or Race white Birth-place Cecil Co

Occupation Farmer Where Residing if not at place of death Rising Sun

Married, Single or Widowed Married Name of Wife or Husband Lydna Brown

Father's Name Samuel Brown Father's Birthplace Cecil Co

Mother's Maiden Name Rheobe M Brown Mother's Birthplace " "

Name of person giving Information Lydna Brown How related to deceased wife

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary Apoplexy How long 46 hours

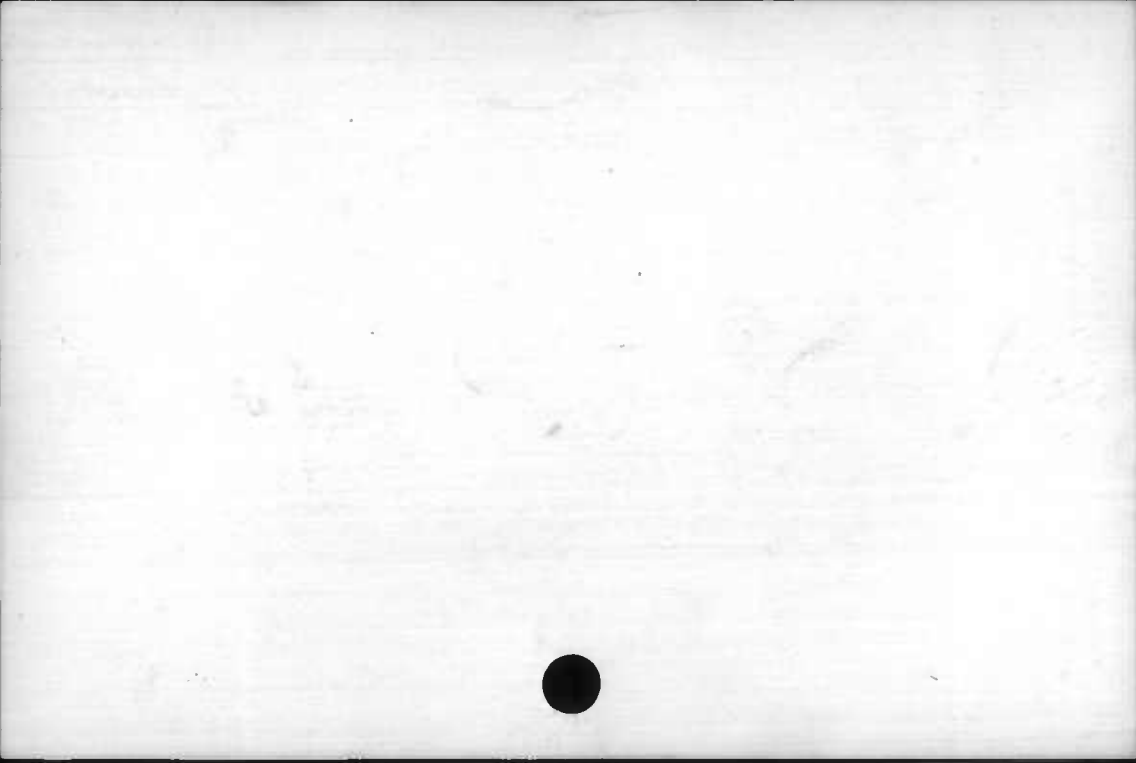
Immediate Failure of Respiration How long 16 hours

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician Dr Geo S. Davis

Address Rising Sun Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret R H Cooper</i>		Town <i>Port-Wilfrail</i>		County <i>Carl</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>14</i>		Years <i>2</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>14</i>		Years <i>2</i>	
Sex <i>Female</i>		Color or Race <i>Calard</i>		Birth-place <i>Port-Wilfrail</i>		Months <i>1</i>	
Occupation <i>None</i>		Where Residing if not at place of death				Days <i>24</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Harman B Cooper</i>		Father's Birthplace <i>Oxford Pa</i>					
Mother's Maiden Name <i>Edith E Winnie</i>		Mother's Birthplace <i>Port-Wilfrail</i>					
Name of person giving Information <i>Edith E Cooper</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Myocardium</i>	How long <i>8 months</i>
Immediate <i>Myocardium</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A E Clumson</i>
	Address <i>Port Wilfrail</i>
Accident or Suicide	

Dr. J. J. J.

Georgetown

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Unice Cox</i>		Town <i>Elkneck</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Elkneck</i>		Month <i>March</i>		Day <i>23rd</i>		Years <i>66</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>23rd</i>		Age <i>66</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>New Jersey</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Elkneck</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Amos B. Cox</i>					
Father's Name <i>Samuel G. Hendrickson</i>		Father's Birthplace <i>New Jersey</i>					
Mother's Maiden Name <i>Lidia Hendrickson</i>		Mother's Birthplace <i>New Jersey</i>					
Name of person giving Information <i>Mrs Lizzie Appleton</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Liver</i>		How long <i>2 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. H. H. H. H. H.</i>	
		Address <i>North Ross</i>	
Accident or Suicide			

Hearts-

Name
in
Full

John L Crockett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Greenhurst County Cecil **MARYLAND**

Died at Greenhurst

Date of death 1909 Month March Day 22 Age 65 Years Months Days

Sex Male Color or Race White Birth-place Cecil Co.

Occupation Teacher Where Residing if not at place of death Greenhurst

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Lewis Crockett Father's Birthplace Cecil Co.

Mother's Maiden Name Caroline McEllen Mother's Birthplace " "

Name of person giving Information Anna Crockett How related to deceased brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

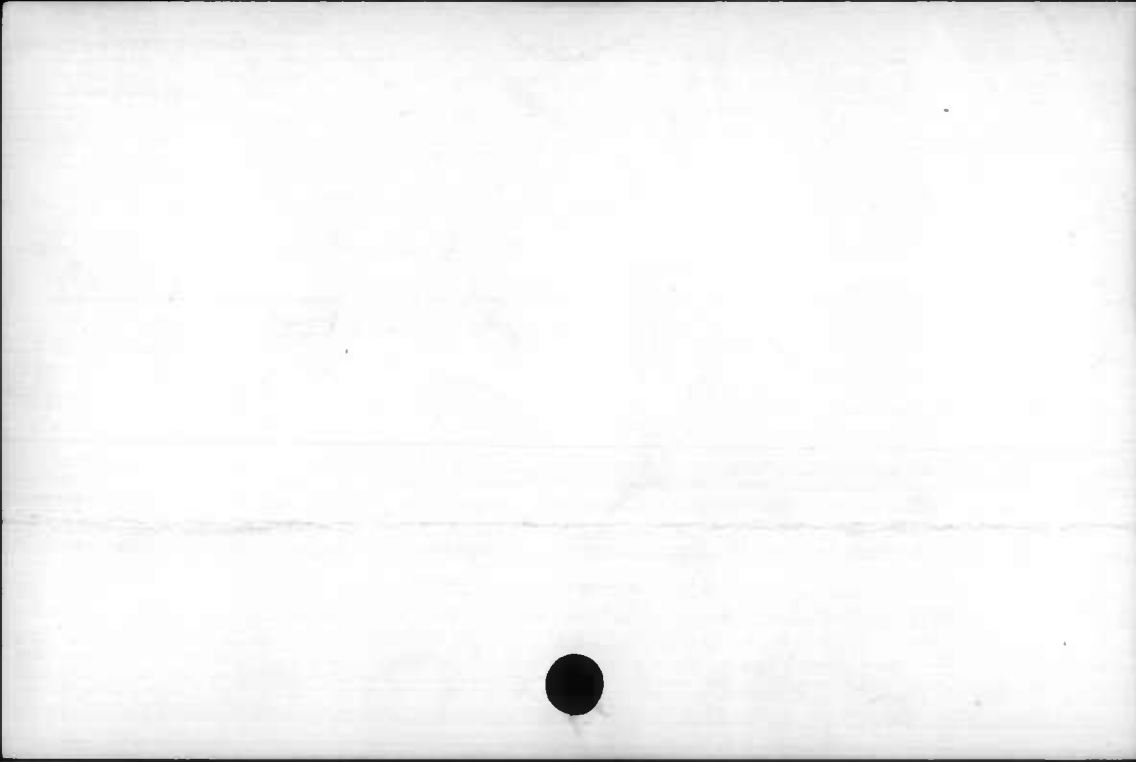
Primary Tuberculosis How long 18 months

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician D. H. Jeffers

Address Greenhurst

Accident or Suicide md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Ellis* Town *Andorra (New)* County *Cecil* MARYLAND
Died at
Date of death *1909* Month *3* Day *31* Age *51* Years Months *—* Days *—*
Sex *Female* Color or Race *Colored* Birth-place *Unknown*
Occupation *Cook* Where Residing if not at place of death
Married, Single or Widowed *Single* Name of Wife or Husband
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Dane Arbuckle* How related to deceased *Nephew*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Heart Disease* How long *two weeks*
Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank Fragel Crowner
Exton
Ind

Accident or Suicide

231

Name
in
Full

CERTIFICATE OF DEATH

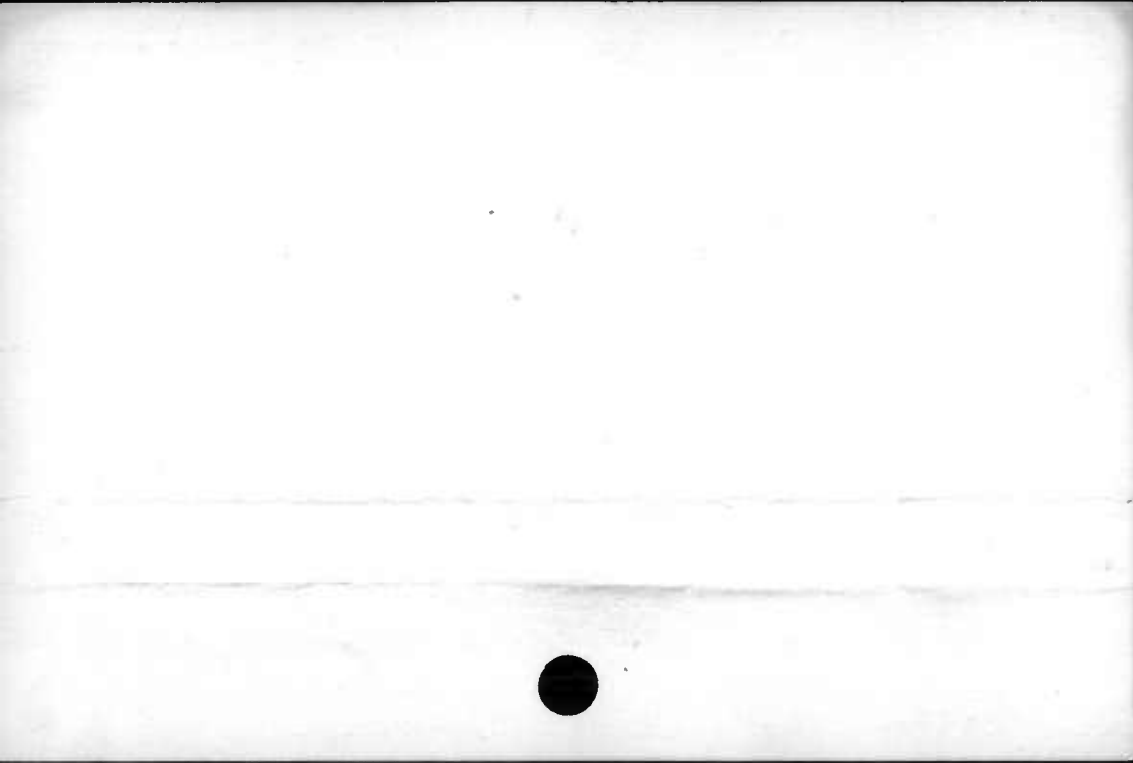
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A. England</i>		Town <i>Near Lion</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Near Lion</i>		Month <i>Mar.</i>		Day <i>31</i>		Years <i>84</i>	
Date of death <i>1909</i>		Month <i>Mar.</i>		Day <i>31</i>		Years <i>84</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Cecil Co. Md.</i>		Months <i>84</i>	
Occupation <i>No</i>		Where Residing if not at place of death <i>Near Lion</i>		Days <i>20</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Joseph England</i>		Father's Birthplace <i>Virginia</i>		Mother's Birthplace <i>Ireland</i>	
Father's Name <i>Joseph Alexander</i>		Mother's Maiden Name <i>Miss Riley</i>		How related to deceased <i>Son</i>			
Name of person giving Information <i>Isaac England</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 months</i>
Immediate <i>Another attack</i>	How long <i>1 day</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Miller</i>
	Address <i>North East. Md.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *North East* ^{Town} *Cecil* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *March* ^{Day} *11th* ^{Years} *75* ^{Months} *7* ^{Days} *5* Age *75*

Sex *Female* Color or Race *White* Birth-place *Phila*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Henry Epfelshumer*

Father's Name *James Martin* Father's Birthplace *Phila*

Mother's Maiden Name *Eliza Hamilton* Mother's Birthplace *Ohio*

Name of person giving Information *Lida C. Rittenhouse* How related to deceased *Daughter*

CAUSES OF DEATH

64

Primary *Cerebral Hemorrhage* How long *19 Months*

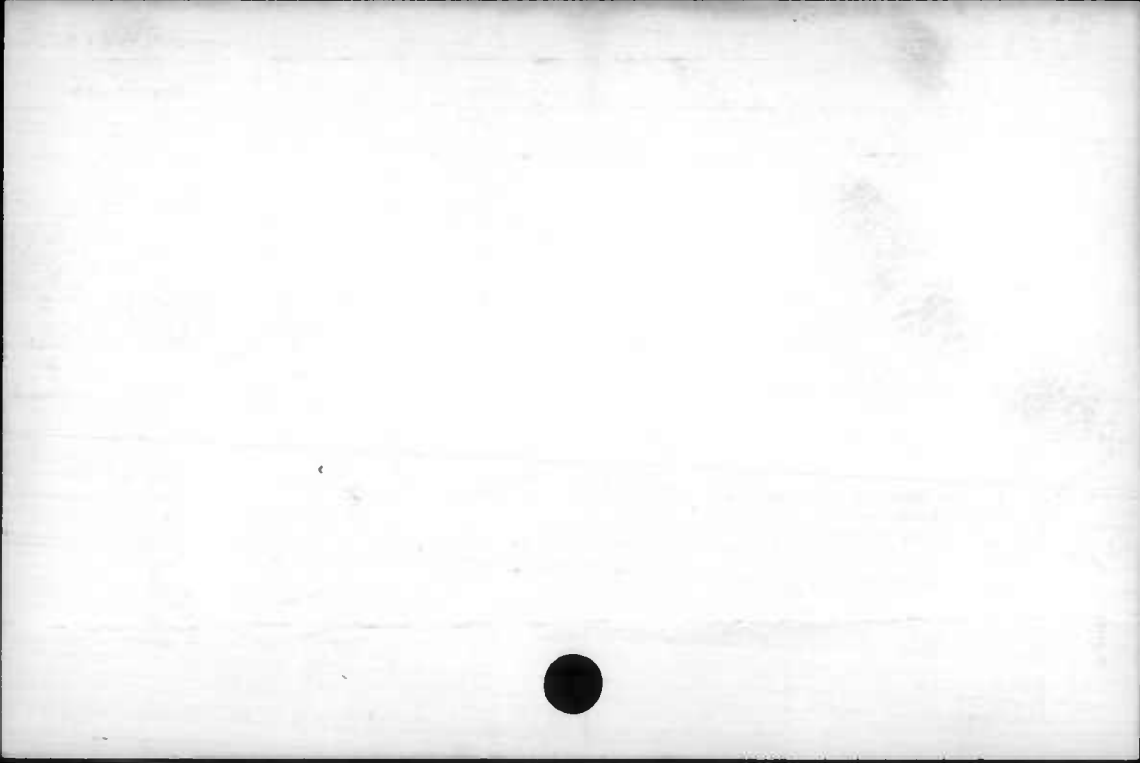
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Theo A. Worrall*

Address *North East, Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

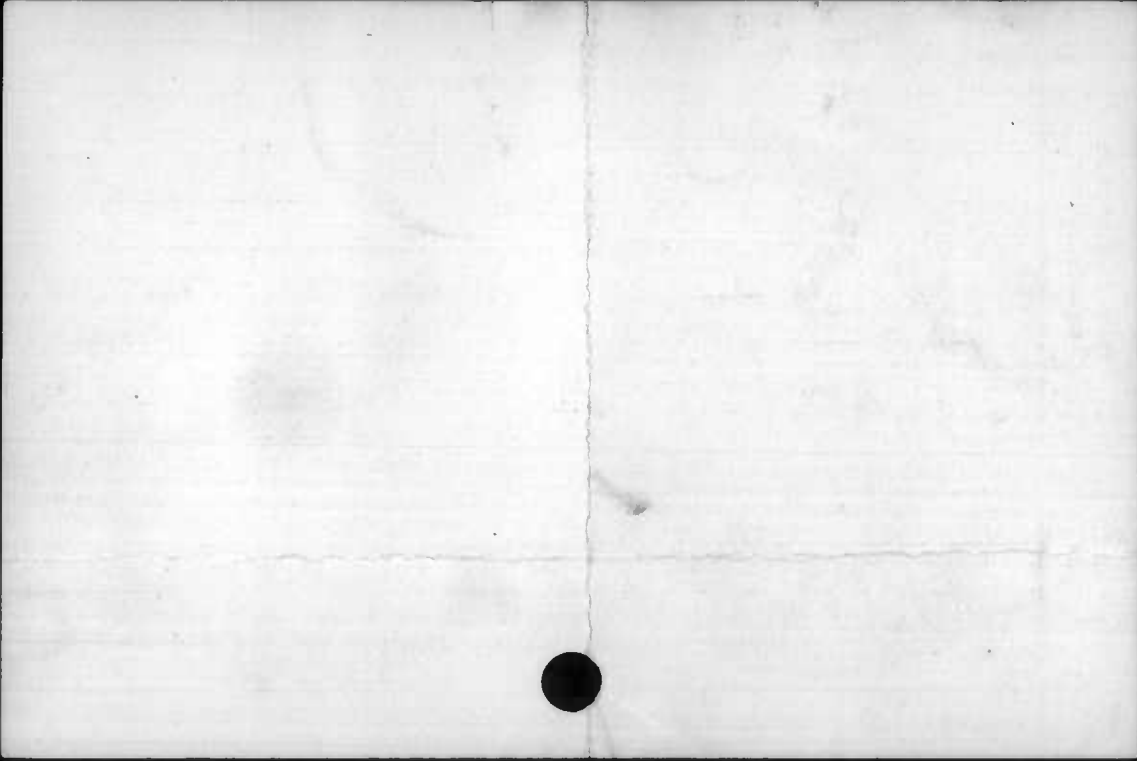
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pleasant Hill</i>		County <i>Lucas</i>		MARYLAND	
Date of death		Month <i>9</i>	Day <i>190</i>	Age	Years <i>Stoll born</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Pleasant Hill</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>W. Percy Evans</i>				Father's Birthplace <i>Chesapeake City, Md</i>			
Mother's Maiden Name <i>Mary E. Hamman</i>				Mother's Birthplace <i>Thurmont, Md</i>			
Name of person giving information <i>W. Percy Evans</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>[Signature]</i>	How long	<i>[Signature]</i>
Immediate	<i>[Signature]</i>	How long	<i>[Signature]</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. L. Lufford</i> <i>Grider</i> <i>Md</i>
<i>yes</i>		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louis C. Franek
 Town *Elkneck* County *Civil*
 Died at *Elkneck*
 Date of death *1909* Month *March* Day *20* Age *65* Years Months Days
 Sex *Male* Color or Race *White* Birthplace *Delaware*
 Occupation *cigar maker* Where Residing if not at place of death *Elkneck*
 Married, Single or Widowed *Married* Name of Wife or Husband *Kathern Franek*
 Father's Name *Henry Franek* Father's Birthplace *Delaware*
 Mother's Maiden Name *Sophia Styer* Mother's Birthplace *Penn*
 Name of person giving Information *John L. Franek* How related to deceased *Son*

CAUSES OF DEATH

93

Primary *Pneumonia*

How long

10 days

Immediate

Heart

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J F Hamrick
North East Md

Accident or Suicide

Phila. Pa.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Haden</i>		Town <i>Baker Berry</i>		County <i>Levi</i>		MARYLAND	
Died at <i>Baker Berry</i>		Month <i>March</i>		Day <i>11</i>		Years <i>59</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>11</i>		Age <i>59</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Charo Town</i>			
Occupation <i>Labored</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Haden</i>					
Father's Name <i>William Haden</i>		Father's Birthplace <i>Charo Town</i>					
Mother's Maiden Name <i>Hester Haden</i>		Mother's Birthplace <i>Charo Town</i>					
Name of person giving Information <i>Elizabeth Haden</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>6 months</i>
Immediate <i>Convulsions</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Clumson</i>
	Address <i>Park In front</i>
Accident or Suicide	

Great Jews
after being

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George J Hill

Died at *Elk Ranch* Town *Cecil* County

MARYLAND

Date

of death 1909 March 27

Age 72

Sex

male

Color or
Race

White

Birth-
place

Philadelphia

Occupation

Farmer

Where Residing if not
at place of death

Elknecke

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sarah Hill

Father's
Name

George Hill

Father's
Birthplace

Ireland

Mother's
Maiden Name

Jane Scott

Mother's
Birthplace

Ireland

Name of person giving
Information

Sarah Hill

How related
to deceased

Wife

CAUSES OF DEATH

93

Primary

Pneumonia

How long

7 days

Immediate

Heart

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

L J Hamrick

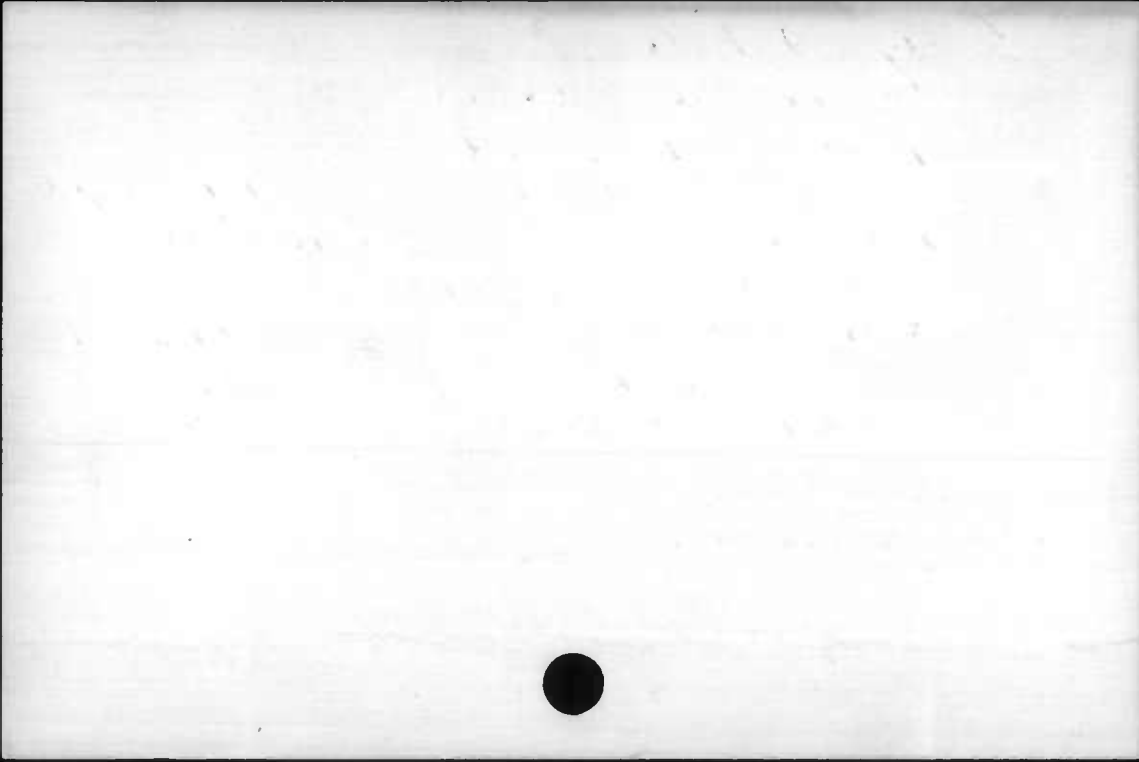
Address

North East

Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

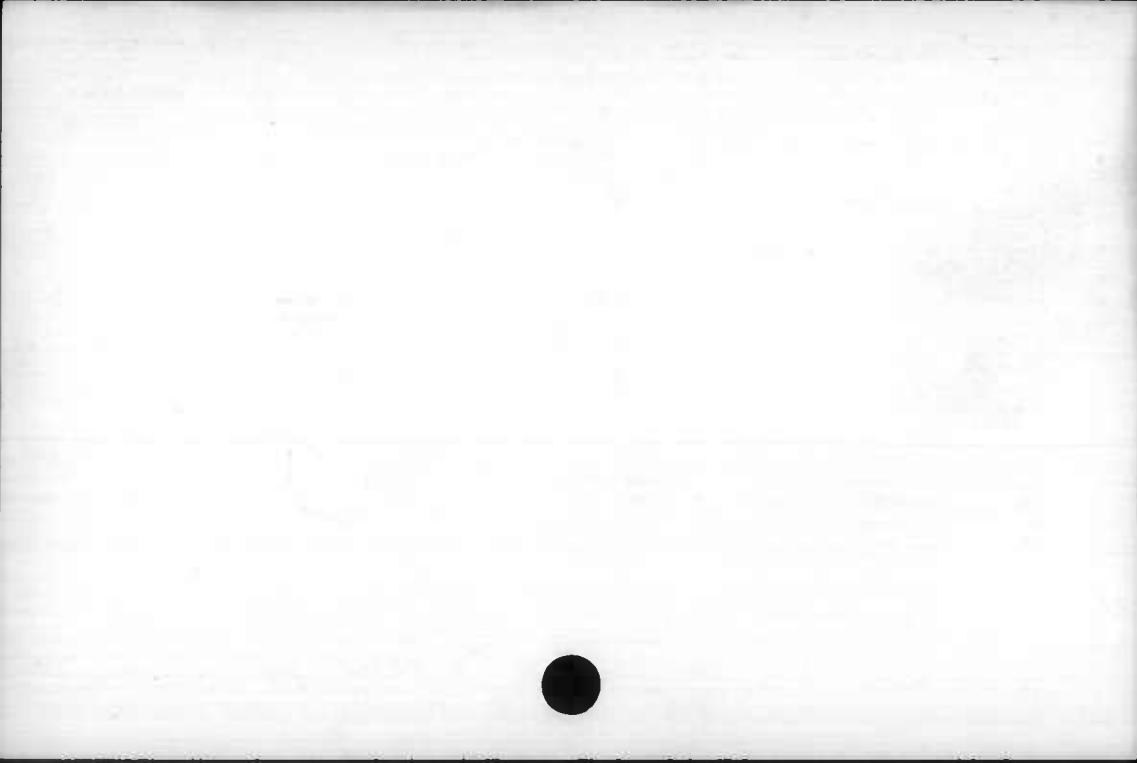
Died at <i>Eerton</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>3</i>	Day <i>24</i>	Age <i>2</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colord</i>	Birth-place <i>Delaware</i>			
Occupation			Where Residing if not et place of death <i>Delaware</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles Holland</i>			Father's Birthplace <i>Delawan</i>		
Mother's Maiden Nema <i>Anna Williams</i>			Mother's Birthplace <i>Delawan</i>		
Name of person giving Information <i>Charles Holland</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

167

Primary <i>Extensive Burn 3/4 of Body</i>	How long <i>4 hours</i>
Immediate <i>Burned by fire</i>	How long <i>—</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Jager</i>
	Address <i>Eerton Md</i>
Accident or Suicide <i>Accident</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

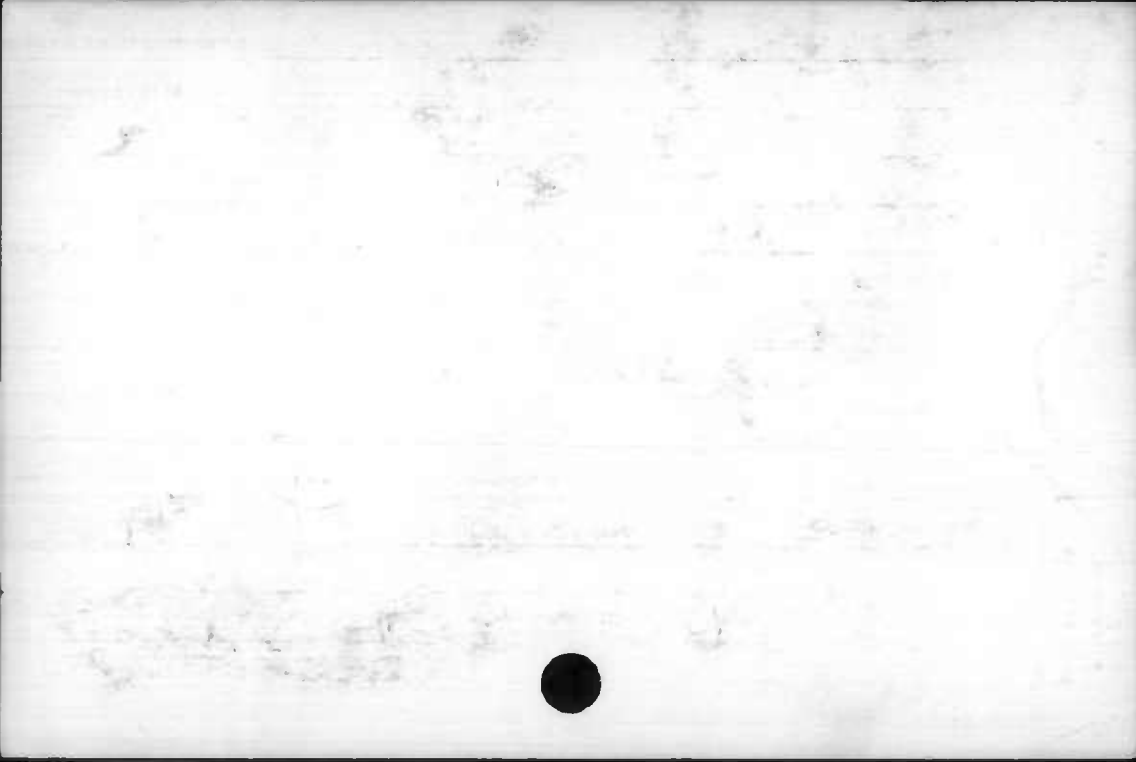
Name in Full <i>John B Adams Jackson</i>		Town <i>Elkton</i>		County <i>Bevil</i>		MARYLAND	
Died at <i>Elkton</i>		Month <i>June</i>		Day <i>15</i>		Age <i>50 or over</i>	
Date of death <i>1909</i>		Month <i>June</i>		Day <i>15</i>		Age <i>50 or over</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place			
Occupation <i>hunter</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>No Information</i>		Father's Birthplace					
Mother's Maiden Name <i>About this man</i>		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Aortic insufficiency</i>		How long <i>Don't know</i>	
Immediate <i>Heart failure</i>		How long <i>Instantly</i>	
Are the name, age, sex, color, date and place correctly given above? <i>(?)</i>		Signature of Physician <i>Winifred P. Morrison</i>	
		Address <i>Elkton Md</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

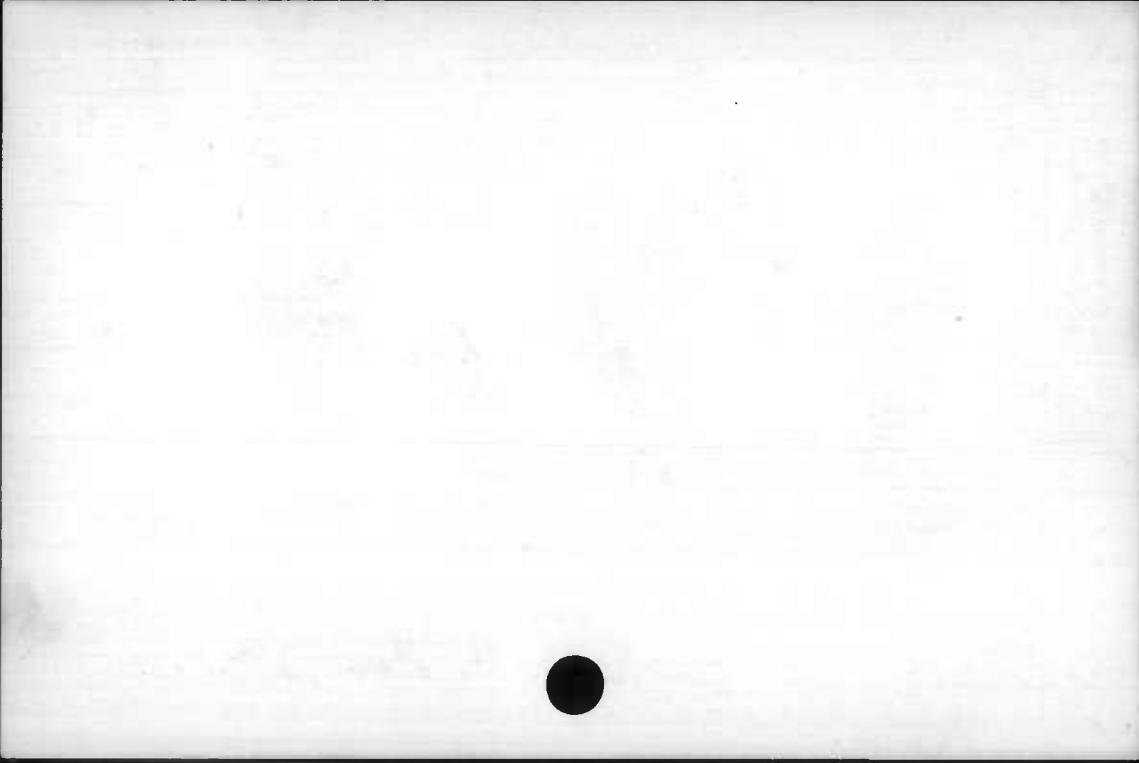
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	8	35		-	-
Sex		Color or Race		Birth-place			
male		Neger		-			
Occupation		Where Residing If not at place of death					
Farm laborer		near Cecil Md					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Croupous Pneumonia	How long	8 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. Arthur Mitchell M.D.	
		Address	
		Cecil Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Hester - A. Keithley* Town *North East* County *Del* Maryland

Died at *North East*

Date of death *1909* Month *inch* Day *18* Age *71* Months *—* Days *26*

Sex *Female* Color or Race *white* Birth-place *Del*

Occupation *Housewife* Where Residing if not at place of death *North East*

Married, Single or Widowed *married* Name of Wife or Husband *John - G. Keithley*

Father's Name *Levi Craig* Father's Birthplace *Del*

Mother's Maiden Name *Hester Webb* Mother's Birthplace *Del*

Name of person giving Information *Ella Lynch* How related to deceased *Daughter*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

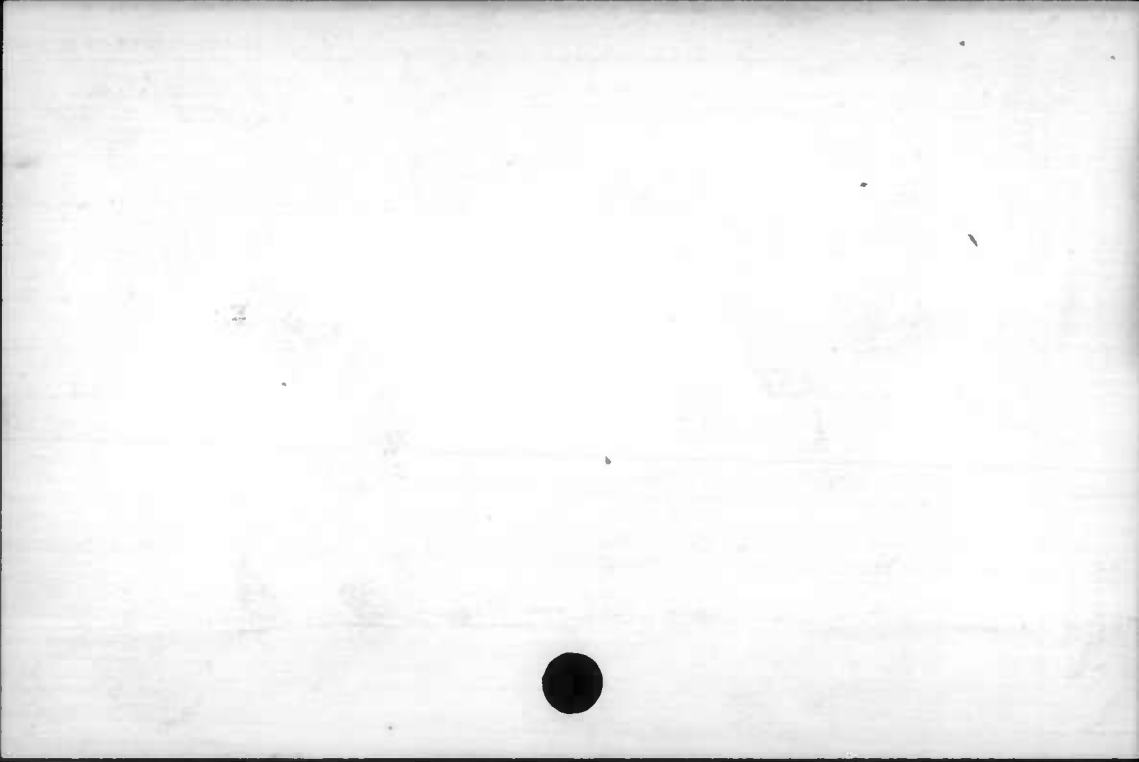
Primary *Broncho Pneumonia* How long *10 days*

Immediate

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *J. F. Hammick* Address *North East*

Accident or Suicide



Name
in
Full

No Name Lockhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Perryville Town Cecil County MARYLAND

Date of death 1909 March Month 13 Day Age — Years Months — Days 2

Sex Male Color or Race White Birth-place Perryville

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Robert LockhartFather's Birthplace West EndMother's Maiden Name Clara JordanMother's Birthplace Libby GroveName of person giving Information Robert LockhartHow related to deceased Father

CAUSES OF DEATH

79

Primary Heart diseaseHow long one hour

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo. W. StarnesPerryvilleMaryland

Accident or Suicide

PHYSICIAN
OR CORONER

Mr. E. Carr

Name
in
Full

Harold V. Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fair Hill</i> ^{Town}		<i>Beene</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>3</i>	Day <i>26</i>	Age <i>14</i>	Months <i>6</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>School boy</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles K. Lynch</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Margaret G. Simon</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>C. K. Lynch</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>10 days</i>
Immediate	<i>Broncho-Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. P. Carrico M.D.</i>	
		Address <i>Cherry Hill</i>	
Accident or Suicide? <i>—</i>		<i>Ind</i>	

228



Name
in
Full

Mary Elizabeth Moore

CERTIFICATE OF DEATH

Died at Elkton ^{Town} Cecil ^{County} **MARYLAND**

Date of death 1909 Month 3 Day 10 Age — Years — Months — Days —

Sex Female Color or Race White Birth-place Elkton Md.

Occupation — Where Residing if not at place of death —

~~Married, Single~~
~~or Widowed~~

Name of Wife or
Husband —

Father's
Name

Charles Moore

Father's
Birthplace

Md

Mother's
Maiden Name

Jennie Rothwell

Mother's
Birthplace

Md

Name of person giving
Information

Jennie Rothwell

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Premature Birth

How long

8

Immediate

(due to measles)

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. Arthur Mitchell
Elkton Md.

~~Accident or Suicide~~

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Matilda Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

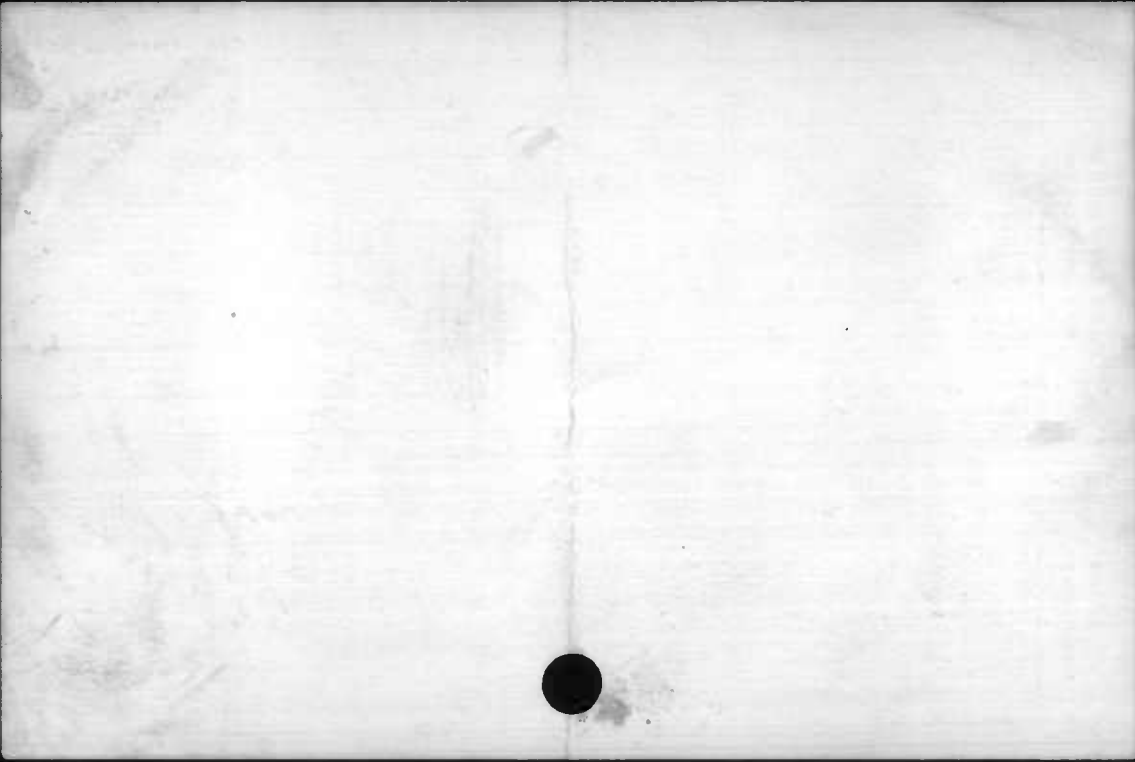
Died at ^{Town} New Valley		^{County} Cecil		MARYLAND	
Date of death	1909	Month	March	Day	18
Age	90	Years		Months	2
Sex	Female	Color or Race	white	Birthplace	Pennsylvania
Occupation	None	Invoked		Where Residing if not at place of death	at New Valley
Married, Single or Widowed	Widow	Name of Wife or Husband	Jacob Morrison Deed		
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving Information	Oliver Morrison			How related to deceased	Son

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary	Carcinoma of Lacer.	How long	30 years
Immediate	Hemorrhage (Exhaustion)	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ernest Howard
		Address	Liberty Groove Md
Accident or Suicide			



Name
in
Full

Elwood Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		9	3	28	61	8	—
Sex		Color or Race		Birth-place			
Male		White		Kimberville Pa			
Occupation				Where Residing If not at place of death			
Labourer							
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace			
Married		Rebecca Morrison		Unknown			
Father's Name		Mother's Maiden Name		Mother's Birthplace			
John Morrison		Margaret Morrison		"			
Name of person giving Information		How related to deceased					
Rebecca Morrison		Wife					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	2 months
Immediate	Bright's disease	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Gen. W. H. Hume	
		Address	
		Perryville Md.	
Accident or Suicide			



Name
in
Full

Rachel Paradee.

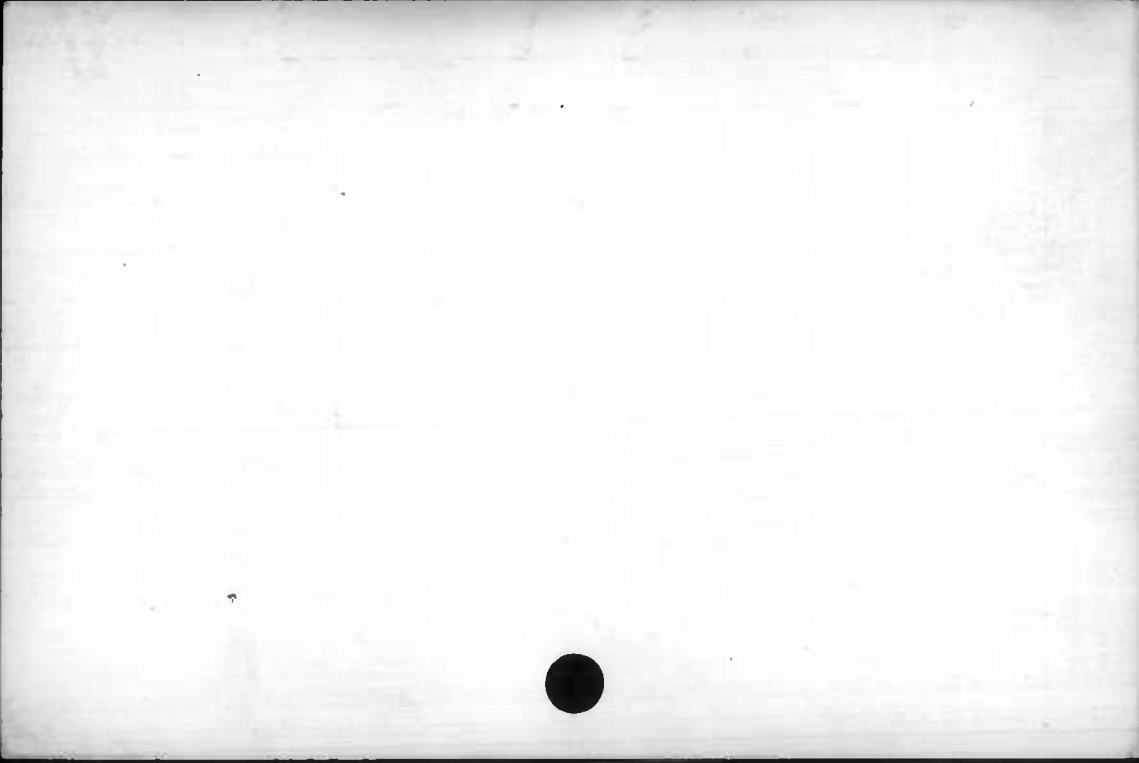
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>near Warwick</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	22	80.		5	21
Sex		Color or Race		Birth-place			
Female		White		Delaware			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Char Paradee.					
Father's Name		Father's Birthplace					
Francis Warren		Delaware					
Mother's Maiden Name		Mother's Birthplace					
Nancy Jefferson		Pennsylvania					
Name of person giving Information				How related to deceased			

PHYSICIAN
OR CORONER

Eliza Plummer		CAUSES OF DEATH		65 Daughter	
Primary		Softening of Brain		How long 3 years	
Immediate		Cerebral Break down incident to age		How long 2 or weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. W. Crawford	
I think they are		Address		Lindstone Md	
Accident or Suicide					



Name
in
Full

Vittoria Pungini

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

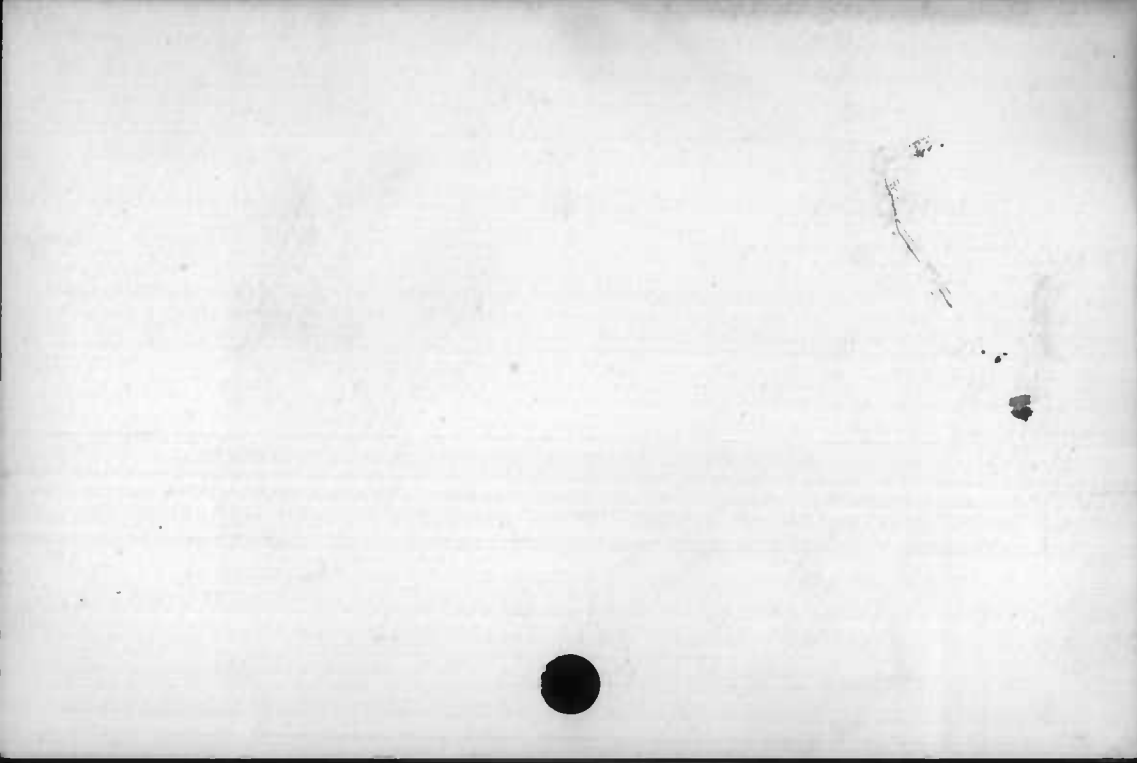
Died at <i>Park Seafort</i>		Town <i>Cumh</i>		County	
Date of death	1909	Month	<i>June</i>	Day	<i>18</i>
Age		Years		Months	<i>5</i>
Sex		Color or Race	<i>White</i>	Birth-place	<i>Park Seafort</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Heart Failure</i>	How long	<i>short time</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. E. Clumov</i>	
		Address	
		<i>Park Seafort</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

John McVey Rawlings

Town

County

MARYLAND

Died at near Poulandsville

Cecil

Date

Month

Day

Years

Months

Days

of death 1909

March

18

Age

65

2

18

Sex

male

Color or
Race

white

Birth-
place

Cecil Co.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
Husband

Eliza M. Rawlings dec'd

Father's
Name

Robert M. Rawlings

Father's
Birthplace

Cecil Co.

Mother's
Maiden Name

Mary McVey

Mother's
Birthplace

Penna.

Name of person giving
In formation

Emory C. Rawlings

How related
to deceased

son

CAUSES OF DEATH

64

Primary

Atheroma

How long

Don't know

Immediate

Apoplexy - Paralysis

How long

34 mo. + 18 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

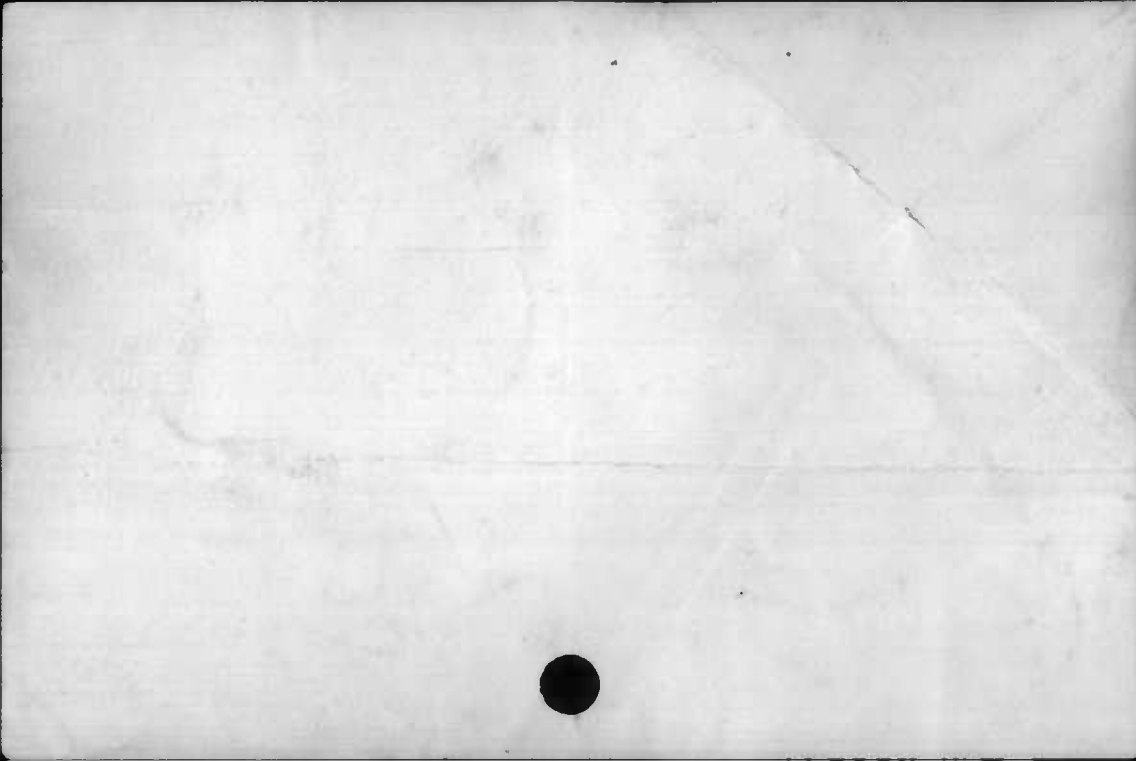
S. F. Roman

Address

2111 borrowing 0
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Eliza A Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt St</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>March</i>	Day	<i>7</i>
Age		<i>72</i>	Years	<i>10</i>	Months
Sex		<i>female</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>housekeeper</i>	Where Residing if not at place of death		
Married, Single or Widowed		<i>widow</i>	Name of Wife or Husband		
Father's Name		<i>Jonathan McCardle</i>		Father's Birthplace	
Mother's Maiden Name		<i>Woodrow</i>		Mother's Birthplace	
Name of person giving information		<i>Mrs M Reynolds</i>		How related to deceased	
				<i>son</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Supposed Bright's Disease</i>	How long	<i>14y</i>
Immediate	<i>Supposed Rupture of Artery in Brain</i>	How long	<i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>I did not see her till after death</i>		<i>Geo. D. Dore M.D.</i>	
		Address	
		<i>Willing Street</i>	
		<i>Md</i>	
Accident or Suicide?			

Funeral Thursday
March 11th 1909 -
Burial West Nottingham
Cemetery -

J J Burkind
undertaker

Name
in
Full

CERTIFICATE OF DEATH

Albert William Rice

Town

County

MARYLAND

Died at

Rowlandville

Leecil

Date

of death

1909

Month

Mar.

Day

17

Years

2

Months

3

Days

1

Age

2

Sex

Male

Color or
Race

Colored

Birth-
place

Rowlandville

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Eugene Rice

Father's
Birthplace

Rowlandville

Mother's
Maiden Name

Virgin M. Banion

Mother's
Birthplace

Wash. D.C.

Name of person giving
information

Virgin M. Rice

How related
to deceased

Mother

CAUSES OF DEATH

10

Primary

General Dropsy & Grip.

How long

sick
125 weeks.

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes.

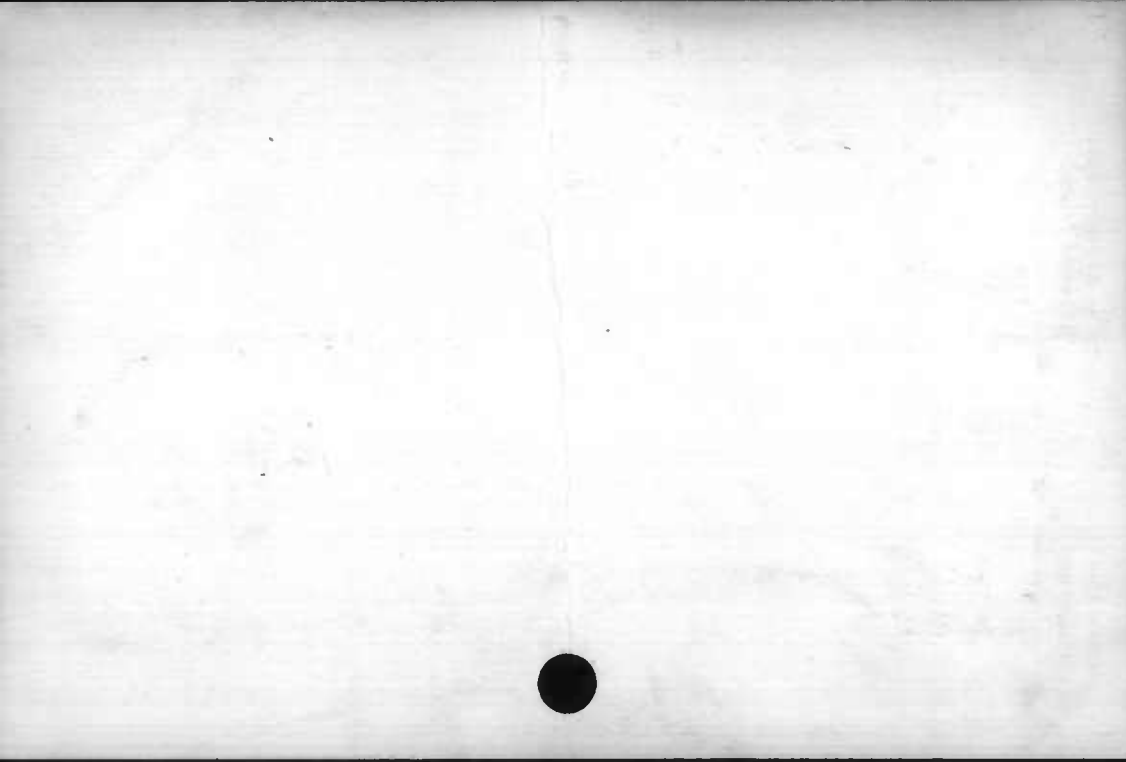
Signature of
Physician

Address

W.B. Jordan M.D.
Liberty Grove
Maryland.

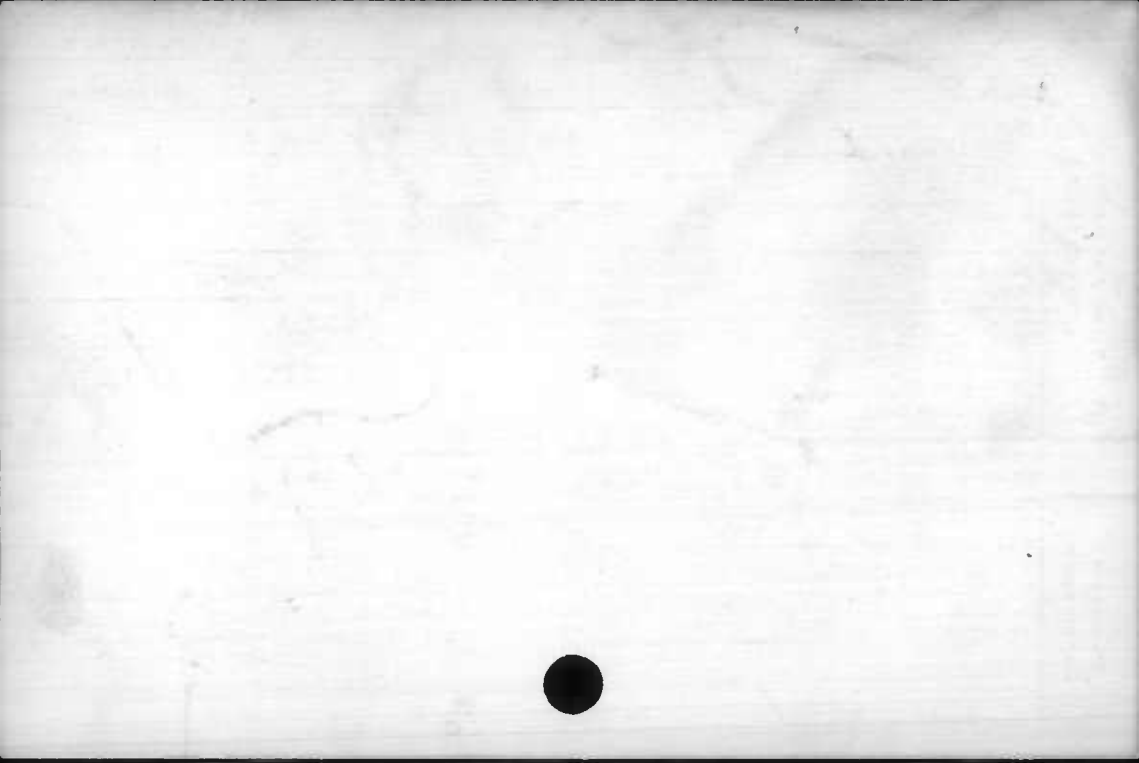
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY NEAREST FRIEND		Name in Full		Mary J. Ricketts		CERTIFICATE OF DEATH	
		Died at		Tolchester		County	
		Date of death		March 25		Age	
		Sex		Female		Color or Race	
		Occupation		H. W.		Where Residing if not at place of death	
TO BE ANSWERED BY PHYSICIAN OR CORONER		Maided, Single or Widowed		Name of Wife or Husband		Maryland	
		Father's Name		Thomas Ricketts		Father's Birthplace	
		Mother's Maiden Name		Jane Egner		Mother's Birthplace	
		Name of person giving Information				How related to deceased	
		CAUSES OF DEATH		79			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Primary		Valvular Dis. of Heart with atherosclerotic changes -		How long	
		Immediate		Dropsy with senile exhaustion -		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Address		St. John's Hospital			
		Accident or Suicide					

OFFICE SUPPLY CO. 6-20--08



Name
in
Full

No Maine Rob

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

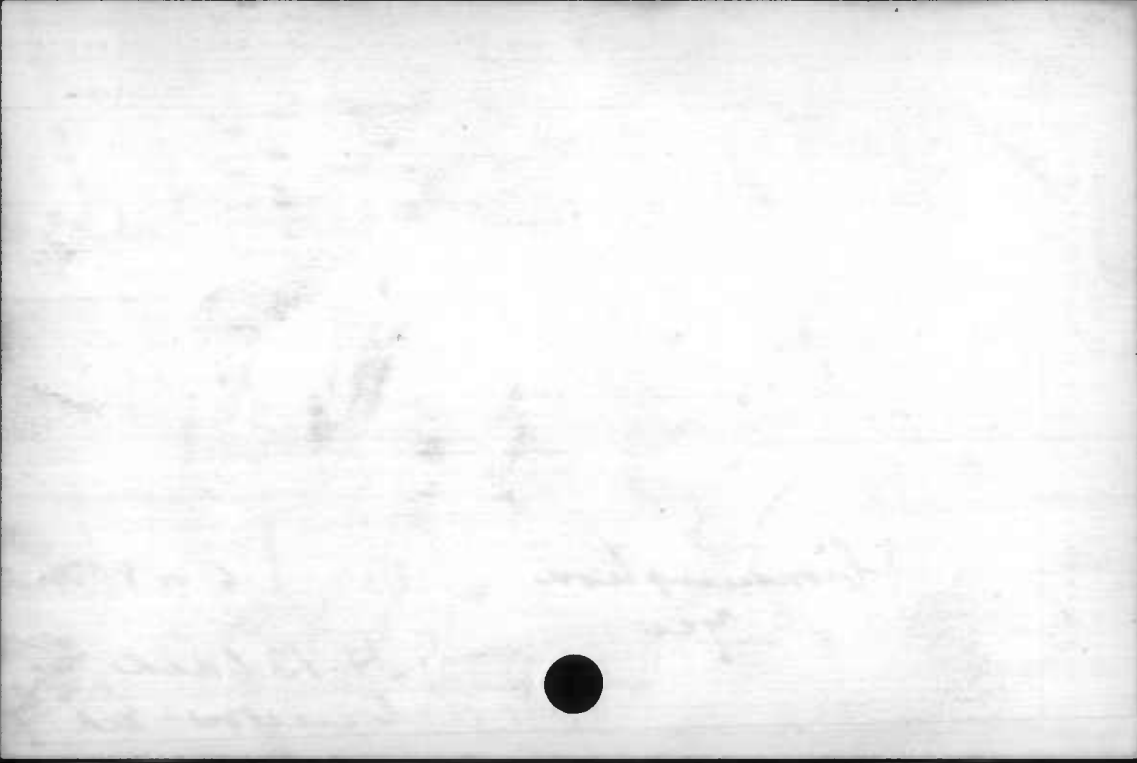
Died at		Town North East	County Cecil Co	MARYLAND	
Date of death	1909	Month 9	Day 18	Age Thursday	8 hours
Sex	Male	Color or Race	Colored	Birth- place	North East
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband Mr Adam Rob		
Father's Name	Adam Rob			Father's Birthplace	Essey Co Va
Mother's Maiden Name	Annie Frizby			Mother's Birthplace	Essey Co Va
Name of person giving Information	Father			How related to deceased	Father

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Non closure of heart.	How long Eight hours.
Immediate	—	How long —
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician Dr. L. F. Hamrick
		Address North East Md
Accident or Suicide	—	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wrightsville</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i>		Month <i>3</i>	Day <i>18</i>	Age <i>23</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Cecil Co. Md.</i>		
Occupation <i>Laborer</i>	Where Raaiding if not at place of death <i>Gott's Sta. Kent Co.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henrietta Sewell</i>				
Father's Name <i>Isaac Corsey</i>	Father's Birthplace <i>Cecil Co.</i>				
Mother's Maiden Name <i>Mary E. Sewell</i>	Mother's Birthplace <i>Cecil Co.</i>				
Name of person giving Information <i>James A. Sewell</i>			How related to deceased <i>Uncle</i>		
CAUSES OF DEATH					
27					

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	<i>Consumption</i>	How long	<i>6 or 8 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Black, Saf. Ky.</i>	
		Address <i>Beckton Md.</i>	
Accident or Suicide			

Only in Cecil Co for a
few days before death.

Name
in
Full

Richard Templeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pratt Bridge* Town *Cecil* County *MARYLAND*

Date of death 1909 *March* *6th* Month *6th* Day *71 yrs* Age *71 yrs* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Delaware*

Occupation *Farmer* Where Residing if not at place of death *Pratt Bridge*

Married, Single or Widowed *married* Name of Wife or Husband *Mary A. Garrison*

Father's Name *George S Templeman* Father's Birthplace *Sont Knox*

Mother's Maiden Name *Mary Elizabeth Lawrence* Mother's Birthplace *Del*

Name of person giving Information *George S Templeman* How related to deceased *Son*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary *Cancer of Stomach* How long *Two years*

Immediate *Asphyx* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i>		Town <i>Port Deposit</i>		County <i>ecil</i>		MAYLAND	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>12</i>		Age <i>68</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>—</i>	
Occupation <i>Contractor/Builder</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Caroline R West</i>					
Father's Name <i>Wm G West</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ruth Poman</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>J Fred West</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>several years</i>
Immediate <i>Heart Asthma</i>	How long <i>45 minutes</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>H E Clumson</i>
	Address <i>Port Deposit</i>
Accident or Suicide	<i>Isid</i>



Name
in
Full

Harry Atwill Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Port Deposit</u> ^{Town}		<u>Cent</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month}	<u>9</u> ^{Day}	Age	<u>15</u> ^{Years}	<u>8</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Lynchburg, Va</u>
Occupation	<u>Student</u>	Where Residing if not at place of death <u>Port Deposit, Ind</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Ernest Williams</u>			Father's Birthplace	<u>Lynchburg Va</u>
Mother's Maiden Name	<u>Mazie L. Thomas</u>			Mother's Birthplace	<u>Lynchburg Va</u>
Name of person giving Information	<u>Ernest Williams</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

Primary	<u>Influenza complicated by Lobar Pneumonia</u>	How long	<u>10</u>
Immediate	<u>Heart Failure</u>	How long	<u>11 days</u>

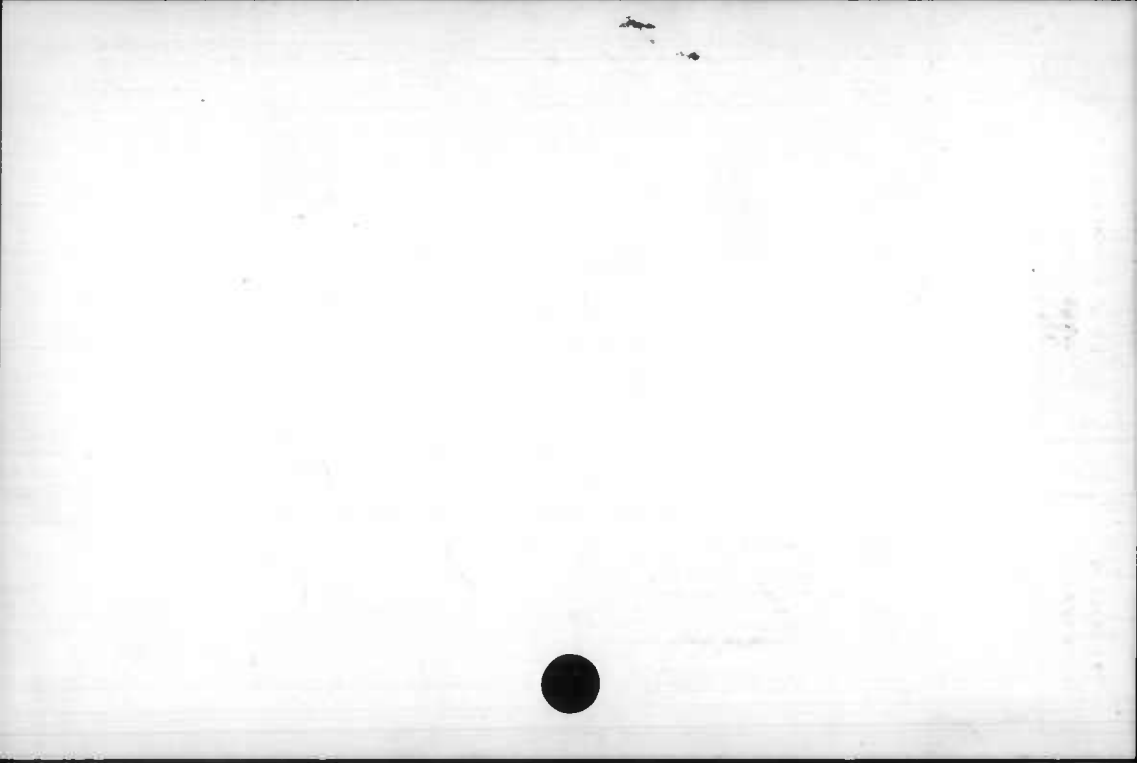
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Herbert Lowe Rich
Port Deposit, Ind

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Mar 9 th	9 th	Age 74			
Sex	Male	Color or Race	White	Birth-place	Elk Neck		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Beulah Wilson			
Father's Name	Alexander Wilson			Father's Birthplace	Not known		
Mother's Maiden Name	Catharine Maulden			Mother's Birthplace	" "		
Name of person giving Information	Wm A Wilson			How related to deceased	Son		

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

Primary	Carbolic Acid	How long	36 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L F Hammick
		Address	North East Md
Accident or Suicide			

